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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BILOCURCS LLC	
(Name of the Limited Liabil	ility Company as it now appears on our records.) ida Limited Liability Company)	
Florida document number <u>L 18000179</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Lin	imited Liability Company," the designation "LLC" or the abbreviation."L.L.C."	
Enter new principal offices address, if applicable:	DRESS) PENBROKE PINES FL 33027	15
(Principal office address MUST BE A STREET ADD	DRESS) PENBROKE PINES FL 33027	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1001 SW 141 AVE APT 308 PCHBROKE PIN:S FL 33027	大
B. If amending the registered agent and/or registered agent and/or the new registered office ade	gistered office address on our records, <u>enter the name of the new</u> <u>ldress here</u> :	
	BERNARDA ALLEN	
New Registered Office Address:	1001 5W 141 AVE APT 308 K Enter Florida street address	
	PEMBROKE PINES, Florida 33027 City Zip Code	
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = | Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	ALVARO GARCIA	1001 SW 141 AVE APT 30	8° K □ Add
		PEMBROKE PINES FL 330	27 🖪 Remove
			Change
MGR	ARTURO E YIDI	5445 WALL RIDGE DR # 3	3 9 9 □ Add
		CORAL SPRINGS FL 330	7/₂ ■ Remove
			Change
MGR	BERNARDA ALLEN	1001 SW 141 AVS APT30	⁵ 大 囲 Add
		PEMBARKE PINES FL 3302	Remove
		(0.84)	Add To Remove
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ctive date, if other than the date of filing: No effective date is fisted, the date must be specific and cannot be pr e: If the date inserted in this block does not meet the app ament's effective date on the Department of State's recon- record specifies a delayed effective date, but	ds.	ming requirement	<u>.,</u>		
he 90th day after the record is filed.					
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